



Registration Form

SMCC ID# _____ TODAY'S DATE _____

LAST NAME _____ FIRST _____ MIDDLE _____

BIRTH/OTHER NAME _____ E-MAIL _____

CELL PHONE _____ HOME PHONE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTY _____ SOCIAL SECURITY # _____

GENDER* FEMALE MALE BIRTHDATE* _____

ETHNIC GROUP* (CHOOSE ONE) HISPANIC/LATINO NOT HISPANIC/LATINO

RACE* (CHOOSE ALL THAT APPLY) AMERICAN INDIAN OR ALASKA NATIVE ASIAN

BLACK OR AFRICAN AMERICAN WHITE

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

*OPTIONAL – THIS INFORMATION IS USED FOR REPORTING PURPOSES ONLY

YOUR REASON FOR ENROLLING DEGREE OR CERTIFICATE PERSONAL ENRICHMENT

TRANSFER TO ANOTHER COLLEGE SKILLS FOR EMPLOYMENT OTHER

I HAVE BEEN A RESIDENT OF MAINE SINCE _____ (for non-educational purposes)
MONTH/YEAR

ARE YOU A U.S. CITIZEN? YES NO PROOF OF MAINE/US RESIDENCY REQUIRED TO QUALIFY FOR IN-STATE TUITION

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? YES NO

REGISTRATION YEAR _____ TERM FALL SPRING SUMMER

SELECT ONLY ONE 2-day COURSE

COURSE CODE	COURSE NUMBER	COURSE SECTION	COURSE TITLE	CREDITS	A AUDIT R REPEAT	OFFICIAL USE
F0730	1		Health & Safety Officer F 0730			
F0636	2		Organizational Support for Community Risk Reduction			

Your signature is required to reserve a spot on the course roster. There are no fees associated with these National Fire Academy Courses.

STUDENT SIGNATURE _____